

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 05/17/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/18/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	143	192	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		8599	176	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	22	538	5057	4519
		27	72	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404902	BLUE RIDGE COMM UNITY	11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		23	3	SERVICE REQUIRES PRIOR APPROVA L	0	6	99	93
3404904	WESTERN HIGHLAN DS LME	21	621	DUPLICATE OF CLAIM-SYSTEM				
		8505	441	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	141	1958	3034	1075
		8599	414	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404907	RUTHERFORD-POLK	8800	2	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	1	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	3	3	0
3404910	PATHWAYS	8599	729	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		27	700	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	176	2634	9083	6449
		8505	379	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	2798	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2799	2799	0
3404913	MECKLENBURG COM ENTAL HEALT	8505	2433	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	353	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	348	3810	7805	3995
		8932	172	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404916	CROSSROADS BEHA	11	362	CLIENT NOT ELIGIBLE ON SERVICE				
	VIORAL HEAL			DATE				
		21	237	DUPLICATE OF CLAIM-SYSTEM	29	872	5316	4444
		8000	105	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404917	CENTERPOINT HUM	8505	5234	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		8599	2130	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	303	8236	9307	1071
		8935	237	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404918	ROCKINGHAM CO M	8505	317	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		11	103	CLIENT NOT ELIGIBLE ON SERVICE DATE	29	577	1004	427
		8502	45	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT				
3404919	GUILFORD CO MEN	8505	3299	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	239	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	134	4044	5127	1083
		8599	199	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASHEL	8505	2450	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		537	316	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	20	3329	3797	468
		8800	221	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404921	ORANGE PERSON C	5404	741	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
	HATHAM AREA							
		8505	716	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	173	3224	5445	2221
		5312	634	PRIOR AUTHORIZED DOLLARS EXCEE DED				
3404922	THE DURHAM CENT	23	5153	SERVICE REQUIRES PRIOR APPROVA L				
	ER							
		191	163	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	5336	5336	0
		143	20	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404923	VGFW AREA AUTHO	8505	1177	CLAIM DENIED DUE TO INSUFFICIE				
	RITY			NT BUDGET				
		8800	93	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	1379	1780	401
		11	74	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404924	PIEDMONT AREA M	8525	3	CLAIM DENIED, REFERRING PROVIDER MUST BE AN LMA.				
	H/DD/SAS							
		0	0		0	3	3	0
3404925	SANDHILLS CENTE	8505	1490	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
	R FOR MH/DD							
		8599	424	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	108	2416	5789	3373
		21	80	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN REGIONAL MENTAL HL	8505	26669	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8517	1036	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED BY	107	29159	31259	2100
		8518	782	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404927	CUMBERLAND CO MHC	8505	1979	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	201	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2421	3400	979
		8599	172	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/DD/SAS	8505	3151	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	131	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	3582	4501	919
		8599	83	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	1104	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	54	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1158	1158	0
3404931	WAKE CO HUM SVC BILLING OF	8599	761	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	314	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	489	2235	9836	7601
		8505	301	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
3404932	RANDOLPH/SANDHILLS CO MH C	8526	5114	CLAIM DENIED, UNITS BILLED MUST BE GREATER THAN ZERO				
		120	236	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM	158	5929	6922	988
		8599	147	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	1845	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	132	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	18	2226	2981	755
		8599	68	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow COUNTY B ENAVIORAL H	8599	124	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	41	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	6	247	1618	1370
		21	26	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	823	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	22	874	1781	907
		8800	8	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	1613	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1040	DUPLICATE OF CLAIM-SYSTEM	36	3575	4061	476
		8800	527	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404938	RIVERSTONE MENT AL HEALTH C	10	31	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	31	99	626	527
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	8505	1050	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	494	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1648	1806	158
		8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	8599	406	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	290	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	64	1255	4246	2991
		21	150	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	ROANOKE CHOWANN	8505	356	CLAIM DENIED DUE TO INSUFFICIE				
	UMAN SERVIC			NT BUDGET				
		8599	98	DETAIL NOT COVERED BY COMBINAT	7	517	1284	767
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	20	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404943	ALBEMARLE MENTA	8505	94	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		8931	37	AMTNC INELIGIBLE TO RECEIVE SE	56	275	1673	1398
				RVICES IN IPRS.				
		11	35	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944	EASTPOINTE HUMA	8505	1226	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		8800	282	FURTHER PROCESSING NECESSARY,	160	1802	2744	942
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8931	129	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	11	1012	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8505	1	CLAIM DENIED DUE TO INSUFFICIE	0	1013	1024	11
				NT BUDGET				
3404957	TIDELAND MENTAL	8505	1599	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8800	93	FURTHER PROCESSING NECESSARY,	84	1885	2159	274
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8935	36	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		0	0		0	0	0	0
3404979	NEW RIVER AREAM	8505	753	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	317	FURTHER PROCESSING NECESSARY,	92	1435	3259	1824
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	218	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				